

#51A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:)	Examiner:	Justin P. Bettendorf
Stanley S. Toncich)	Art Unit:	2817
Serial No. 10/077,654)		
Filed: February 14, 2002)		
For: Tunable Isolator)		

TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I. DOCUMENTS ENCLOSED:

In response to the **Office Action**, which was mailed by the Patent Office on
February 28, 2003, enclosed are:

- ☒ Amendment in response to the Office Action dated February 28, 2003
- ☒ Request for Three Month Extension of Time
- ☒ Power of Attorney and Change of Correspondence Address
- ☒ Return Postcard

CERTIFICATE OF EXPRESS MAILING
(37 C.F.R. §1.10)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as 'Express Mail Post Office to Addressee' in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

EV324274121US
Express Mail Label No.

August 22, 2003
Date of Deposit

Kimberly N. Lane
Name of Person Mailing Paper

Kimberly N. Lane
Signature of Person Mailing Paper

II. REQUEST FOR EXTENSION OF TIME:

The proceedings herein are for a patent application and the provisions of 37 CFR § 1.136 (a) apply.

- ☒ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 (a) [fees: 37 CFR § 1.16(e)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$205.00	\$410.00
<input checked="" type="checkbox"/> three months	\$465.00	\$930.00
<input type="checkbox"/> four months	\$725.00	\$1450.00
<input type="checkbox"/> five months	\$985.00	\$1970.00
Fee		\$930.00

III. FEES FOR CLAIMS

The fees for claims (37 CFR § 1.16(b)-(d)) have been calculated as shown below:

Total Claims	18	- 20 = 0	x \$18.00	\$0.00
Independent Claims	2	- 3 = 0	x \$84.00	\$0.00
Multiple Dependent Claims	\$280.00	(if applicable)	<input type="checkbox"/>	\$0.00
TOTAL OF ABOVE CALCULATIONS				\$0.00
Reduction by ½ for Filing by Small Entity.			<input type="checkbox"/>	\$0.00
Three Month Extension of Time Fee				\$930.00
TOTAL FEES DUE HEREWITH				\$930.00

IV. METHOD OF PAYMENT OF FEES:


- ☒ A check in the amount of \$930.00 is enclosed to cover the above fee(s).
- ☒ The Commissioner is hereby authorized to charge Procopio's Deposit Account No. **50-2075** for any fees required and to credit any overpayment to said Deposit Account No. **50-2075**.

Should you have any questions, please do not hesitate to contact our office.

Respectfully submitted,

Dated: August 22, 2003

By: _____


Troy M. Schmelzer
Reg. No. 36,667

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